PTO/SB/22 (12-04)
Approved for use through 7/31/2006. OMB 0651-0031
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	···	of information unless if displays a valid OMB control number.										
PETI	TION FOR EXTENSION		37 CFR 1.136(a)	Docket Number (Optional)								
(Fee	es pursuant to the Consolida	FY 2005 ated Appropriations Act	325772026900									
	cation Number	09/960,528	Filed September 24, 2001									
For IMAGE PROCESSING APPARATUS AND IMAGE FORMING SYSTEM												
Art Ur	nit 2625			Examiner	Y. Qin							
identit	s a request under the pro fied application											
ine re	equested extension and f	ee are as follows (che	eck time perioa desii		propriate fee below):							
	[<u>Fee</u>	Small Entity Fee	400.00							
	One month (37 CF		\$120	\$60	\$ 120.00							
	Two months (37 C	FR 1.17(a)(2))	\$450	\$225	\$							
	Three months (37	CFR 1.17(a)(3))	\$1020	\$510	\$							
	Four months (37 C	CFR 1.17(a)(4))	\$1590	\$795	\$							
	Five months (37 C	FR 1.17(a)(5))	\$2160	\$1080	\$							
	Applicant claims small entity status. See 37 CFR 1.27.											
H	A check in the amount of the fee is enclosed.											
H	Payment by credit card. Form PTO-2038 is attached.											
×	The Director has already been authorized to charge fees in this application to a Deposit Account.											
x	The Director is hereby a Deposit Account Number		be required, or credi d-a duplicate copy of m (PTO/SB/17) is att duplicate.	this sheet. Fee								
Ιa	m the applican	nt/inventor.										
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).												
	x attorney	or agent of record. I	Registration Number	54,217								
	Regist	or agent under 37 C ration number if acting u		·								
_	ah		November 15, 2006									
_		Signature	Date									
_		Adam Keser	(703) 760-7301									
	Турес	d or printed name	Telepho	ne Number								
	TE: Signatures of all the inventors n one signature is required, see be		entire interest or their repre	esentative(s) are required. S	ubmit multiple forms if more							
	Total of1	forms are subm	itted.									

11/16/2006 JADDO1 00000082 031952 09960528 120.00 DA 01 FC:1251

PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0651-0032

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	<u> </u>		Complete if Known										
	the Consolidated Appropr	<u>_ </u>			09/960,528								
FE	Filing Date		September 24, 2001										
	First Named Inventor		Hiroshi SUMIYAMA										
	Examiner Name		Y. Qin										
Applicar	Art Unit		2625										
TOTAL AMOU	Attorney Docket No.		325772026900										
METHOD OF PAYMENT (check all that apply)													
Check Credit Card Money Order None Other (please identify):													
X Deposit A	x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
x C	harge fee(s) indicated	below		Charge	e fee(s) inc	licated below, e	xcept for th	e filing fee					
Charge any additional fee(s) or underpayment of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17													
	LATION (All the fe		upoi	n filing or may	be subje	ct to a surch	arge.)						
	G, SEARCH, AND EX			<u> </u>		· · · · · · · · · · · · · · · · · · ·							
	FIL	ING FEES	SEA	ARCH FEES	EXAMIN	IATION FEES	:						
Application T	ype Fee (\$	Small Entity Fee (\$) F	ee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)					
Utility	300	150	500	250	200	100		147					
Design	200	100	100	50	130	65							
Plant	200	100	300	150	160	80							
Reissue	300	150	500	250	600	300	***************************************	·					
Provisional	200	100	0	0	0	. 0	•						
2. EXCESS CL	AIM FEES							Small Entity					
Fee Description Each claim ove	! r 20 (including Reiss)	ies)					Fee (\$) 50	Fee (\$) 25					
	ent claim over 3 (inclu	*		4			200	100					
Multiple depen	dent claims						360	180					
Total Claims	Extra Claims	Fee (\$)	Fee F	aid (\$)	Multiple Dependent Claim								
	- = X				<u>Fe</u>	e (\$)	Fee Paid (\$)					
	ber of total claims paid for,	_						_					
Indep. Claims	Extra Claims		Fee F	Paid (\$)									
HP = highest num	ber of independent claims			<u>-</u> _									
3. APPLICATION	·	,											
If the specifica	ation and drawings ex	ceed 100 sheets of p	aper ((excluding electro	onically fil	ed sequence or	computer						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).													
Total Sheet					tion thereo	f <u>Fee (\$)</u>	Fee F	Paid (\$)					
Total Sheets													
4. OTHER FEE					,		Fees	Paid (\$)					
Non-English Specification, \$130 fee (no small entity discount)													
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00													
SUBMITTED BY													
Signature	ah ~			Registration No. (Attorney/Agent)	54,217	Telephone	(703) 760)-7301					
Name (Print/Type)	Adam Keser	(Unionie)/Agent)	· ·	Date	November								
<u> </u>													